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Get ready for the new normal in public health

As disease outbreaks become common, Singapore has to adapt in three areas: internalise personal hygiene norms, build trust with empathy, and strike a balance between containment and business as usual

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For The Straits Times

In the last two decades, the world has been struck by multiple disease outbreaks including Sars, H1N1, Ebola, and now the coronavirus that originated from Wuhan in China.

It's time to get real about the prevalence and risk of infectious diseases. This is the new normal.

We will continue to see novel infections emerge, and Singapore will continue to be exceptionally vulnerable, given our position as a major transportation hub and the density of our population.

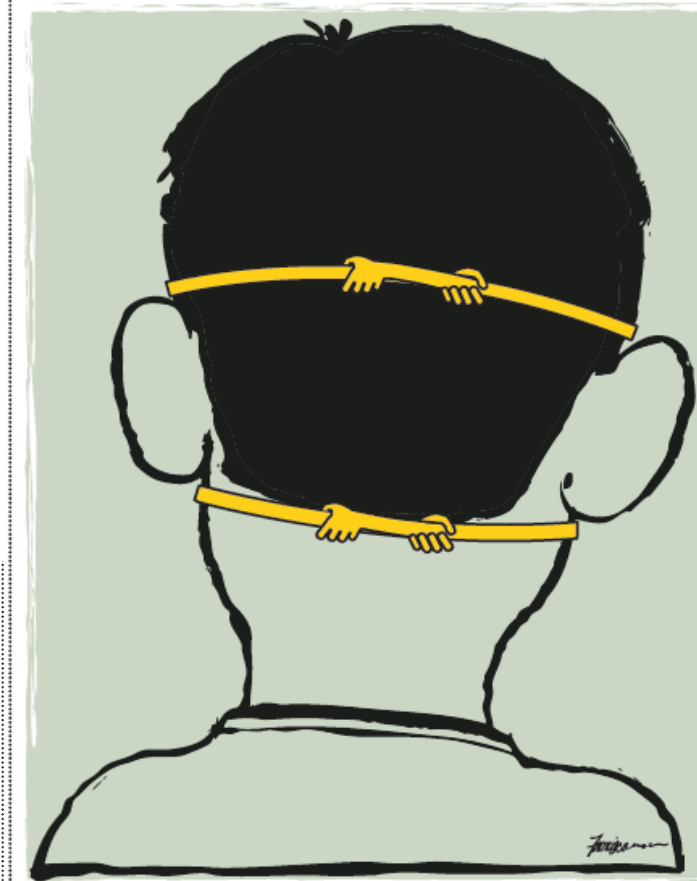
Acceptance of this new normal then forces us as a country to confront these realities and prepare ourselves well.

What should we do? Three broad suites of actions are needed.

NEW SOCIAL BEHAVIOURS AND NORMS

Medical professionals have for decades been exhorting individuals who are unwell to be socially responsible and minimise contact with others and to wear masks if venturing out is necessary. For everyone, well or otherwise, good hygiene measures, including washing hands regularly and not touching one's eyes and nose with unwashed hands, have been likewise advocated. These pieces of advice have been routinely ignored until now. During this crisis, we should proactively think about how to make these behaviours the new norms in response to recognition of the new normal in public health.

Once climbed Sydney Harbour Bridge as part of a tour and upon completion of the climb, our guide handed us wet wipes as there were parts of the climb where we encountered some oil and grime. All of us grabbed the wipes and started cleaning ourselves, except the Japanese, who first wiped down the individual safety equipment we had been provided with. Only after that did they clean their hands and arms.



"Never waste a good crisis" is something that has been said, and we should challenge ourselves to entrench current responsible social behaviours permanently. Next year, when everything has calmed down, will we see hand sanitisers at community events? Will the unwell be responsible and stay away from crowds, or wear masks if they must be outside their homes?

In the same way that sign language translation for the hearing impaired is routine in some countries, will Singapore's meeting organisers offer "live streaming" of conference proceedings to unwell delegates who want to be socially responsible and also not miss out?

BUILD TRUST WITH EMPATHY

Trust is perhaps the most precious resource in a public health crisis, and this needs to be built up way in advance of any incidents. How is trust earned? Certainly not in a day or by fiat. Instead trust rests on a foundation of transparency, track record and empathy.

The first two are self-evident looking at the scepticism China is facing globally and how much Singaporeans look to the severe acute respiratory syndrome (Sars) as a reference point, but the third – empathy – merits some discussion.

The axiom "people don't care how much you know until they

know how much you care" is fundamental to building trust. In a commentary in these pages (Low-wage workers at greater risk in times of public health crisis, Feb 1), Dr Qiyun Ong and Associate Professor Walter Theseira highlighted that low-wage workers are exceptionally hard hit during times of crisis, and argued forcefully for stronger and specific financial protection for this group.

The humanitarian impulse aside, helping everyone, especially vulnerable populations, is "enlightened self-interest".

If we want individuals to come forward to be tested, isolate themselves voluntarily and forgo much needed income, we have to offer some cushioning. Show that we – the Government and people care, and it will be easier for all, both local and foreign, to do the right thing for the greater good. Good starts have been made with the Government giving a \$100 daily allowance for those quarantined as a result of the virus and the decision by taxi companies to waive rental fees for cabbies who are quarantined. The major taxi and ride-hailing companies have also offered additional allowances to help their drivers. The state is also picking up the hospital bills for those confirmed as or suspected of having the virus.

BALANCE BETWEEN CONTAINMENT AND NORMALCY

"Better safe than sorry" is a common refrain but woefully often just wrong. Unless reviewed on a daily basis, given the dynamic realities of unfolding outbreaks, it is a refuge for lazy policymaking and pandering to populist sentiments.

When a crisis like the current one is raging, it is understandable for people to want states to take strong protective measures. However, the costs of such measures should also be considered.

There are very real costs to quarantine and isolation measures, postponement of "non-urgent" healthcare, cancellation of events, closure of schools and so on. These costs are not just financial but also very human. Some examples: Hong Kong researchers analysed the spikes in elderly suicides during Sars in 2003 and attributed the increases to fears of disease contraction and social disconnection. They recommended "the mental and psychological well-being of the community, in particular older adults, be taken into careful account when developing epidemic control measures to combat the future outbreak of diseases".

A University of Toronto study post-Sars found among

quarantined individuals high rates of symptoms of post-traumatic stress disorder and depression – 28.9 per cent and 31.2 per cent of respondents, respectively – with longer durations of quarantine associated with increased symptoms. I was practising in a large public hospital during Sars and it was heart-rending to manage isolated patients – who didn't have Sars and for whom isolation was a precautionary measure – who were desperate for some human interaction.

In the current outbreak, who would not be moved by media accounts of villager Li Yuejin pleading at the Hubei border for passage so that her daughter, who was suffering from leukaemia, could continue needed treatment?

We don't appreciate these costs because we don't measure them and hence erroneously weigh preventive measures only against economic downsides. I'm not saying we should not have any public health measures, but that all our decisions, whatever they may be, have very tangible human consequences.

Policy makers are making trade-offs in which all scenarios cost lives whether we know it or not. We should impose controls with a heavy heart and with full appreciation of those who will suffer from our decisions.

In the early phases of public health emergency, erring on the side of safety is understandable and even desirable, given the societal consequences of being wrong.

But as more facts emerge and knowledge matures, we should expect policy refinement and even frank reversals. Containment appears to be effective thus far, and perhaps there is some opportunity to loosen controls to minimise the adverse impact on a health system that is already under tremendous stress.

There are anecdotal accounts of healthcare professionals who have had their approved annual leave cancelled and staff working extra hours. We need to balance crisis mode "all hands on deck" thinking with maintaining normalcy as far as possible, particularly as experts are warning of long-drawn epidemic lasting months.

Moving forward, the health system needs to be able to ratchet up measures quickly in the event of untoward turns, and thus nimbleness and "surge capacity" will have to be routine. The Singapore Armed Forces has operationally ready national servicemen whom it can mobilise and civilian resources it can requisition during tense periods; what should be the equivalent for the health system?

Increasingly, a balance has to be struck between containment and protection, and business as usual. We will survive the current crisis as we have all the others before it.

The real challenge of leadership is to, even as we address immediate issues, use the crisis to build a better Singapore, a Singapore more cohesive, more united, and better prepared for the next outbreak.

Because this is the new normal of public health.

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